

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02871

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH:

Chestertown

(If outside city or town limits, write RURAL and give nearest town)

10 Months

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Water St.

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Mary Jane Bain

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white widowed

6. (b) Name of husband or wife Joseph W. Bain

7. Birth date of deceased (mo., day, yr.) Dec. 2nd. 1863

8. (c) If alive, give age.....years

8. AGE: Years Months Days If less than one day

84 3 27 hrs. min.

9. Birthplace Altoona Penna

(Town, county, and state)

10. Usual occupation.

11. Industry or business

12. Name Daniel Laughman

13. Birthplace Penna.

14. Maiden name Mary Mc.Cullan

15. Birthplace Penna.

16. Informant Mrs. Chas. L. Atwater

Address Chestertown, Md.

17. Burial Date thereof April 1, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Fairview Cem.

Location Altoona - Blair Co. - Penna.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. March 31, 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Blair

City or town Altoona

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

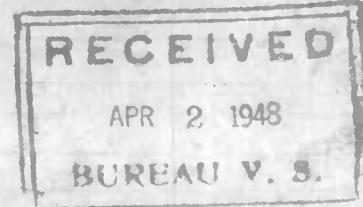
2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 30, 1948, at 10:30 AM



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02872

CERTIFICATE OF DEATH

Reg. Dist. No. 202

93d

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

none

3. (a) FULL NAME

Lawrence Wesley Baxter

Male

Color of face

6. (a) Single, married, widowed, or divorced

Widower

Name of husband or wife

Indora Colleen Baxter

7. Birth date of deceased (mo., day, yr.)

October 14, 1876

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day
91 5 5 hrs. min.

9. Birthplace

Purcellville Co. Md.

(Town, county, and state)

10. Usual occupation

Retail stores

11. Industry or business

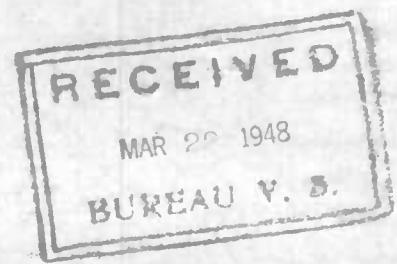
Farming

Name

Mother

Father

Name



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02873

Bruce

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 202

1. PLACE OF DEATH:

County

City or town

West

Chesterfield and Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank E Bowers

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male W Single

6.(b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

Feb 3 1861.

6.(c) If alive, give age.....years

8. AGE:

Years Months Days If less than one day
87 1 9 hrs. min.

9. Birthplace

Galena Md.

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Farm

12. Name

Pierce Bowers

13. Birthplace

Galena Md

14. Maiden name

Margaret Lawrence

15. Birthplace

Baltimore Md.

16. Informant

Mrs Maggie Jefferson

Address

Chesterfield and Rural

Burial

Date thereof

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Crumpton

Location

Crumpton Md

312 Willow

Address

Still Pond Md

19. March 17 1948

(Date rec'd by registrar)

Clara S Barnes.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chesterfield and Rural Chesterfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. Chesterfield and Rural

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH Mar 14 1948 at 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 10 1948 to Mar 12 1948

and that I last saw him alive on Mar 12 1948

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

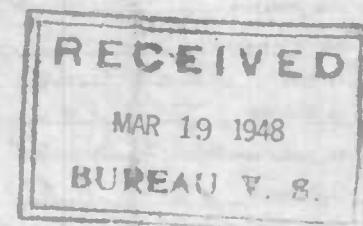
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.H. Hamilton

M. D. or other

Address Fultondale Md Date signed Mar 17 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02874

CERTIFICATE OF DEATH

938
Reg. Dist. No. 201

1. PLACE OF DEATH:

County

Frederick and Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

72 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Widowed

6. (b) Name of husband or wife... Elizabeth Brown
Decased

7. Birth date of deceased (mo. day, yr)

Dec 25, 1875

8. AGE: Years Months Days

72 2 8

It alive, give age years

hrs. min.

9. Birthplace... Baltimore, Maryland

(Town, county, and state)

10. Usual occupation... farm work

11. Industry or business

John Brown

12. Name... John Brooks

13. Birthplace... Kent County

14. Maiden name... Mary Francis

15. Birthplace... Kent Co and

16. Informant... Georgia B Taylor

Address... Norton and

17. Burial... Baltimore

(Burial, cremation, or removal. Which?)

Date thereof... Mar 17, 1948

(month) (day) (year)

Cemetery or crematory... Colemans

Location... Norton and Rural

18. Funeral director... B.R. Jenkins

Address... Still Sound and

19. March 17, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent

City or town... Duxbury

(If outside city or town limits, write RURAL and give nearest town)

Street No... Colemans Corner

(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar 13, 1948 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that deceased from

May 1946 to Mar 5, 1948

and that I last saw him alive on Mar. 5, 1948

Immediate cause of death...

Cerebral Aneurysm - Sudden

Due to...

Cardio Vascula - Disease 240

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

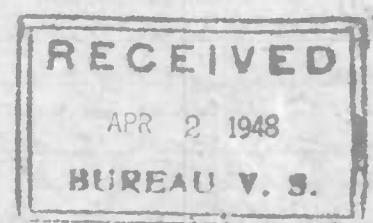
Means of injury... Injured at work?

23. SIGNATURE... Franklin Smith

M. D. or other

Address... 1001 Belmont Street

Date signed... Mar 15, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

W. Smith
02875

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Chesapeake P. O. #2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all life

Hospital, institution, or street address where death occurred:

Chesapeake P. O. #2

How long in hospital or institution?

3. (a) FULL NAME

Ella C. Chambers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

September 18, 1861

8. AGE:

Years

Months

Days

If less than one day

86

6

13

hrs. min.

9. Birthplace.....

Quaker Neck, Kent Co. Maryland

(Town, county, and state)

10. Usual occupation.....

Housekeeping

11. Industry or business.....

Home

MOTHER FATHER

12. Name.....

Samuel Thomas Chambers

13. Birthplace.....

Queen Anne Co. Maryland

14. Maiden name.....

Marion Brown

15. Birthplace.....

Kent Co. Maryland

16. Informant.....

Mrs. L. V. Jacobs

Address.....

Chesapeake P. O. #2 Maryland

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof..... April 3, 1948

(month) (day) (year)

Cemetery or crematory.....

London Park

Location.....

Baltimore, Maryland

18. Funeral director.....

Marvin U. Williams

Address.....

Chesapeake, Maryland

19. Date rec'd by registrar.....

April 1, 1948

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Kent

City or town.....

Chesapeake P. O. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Near Fairlee

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 31

1948, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1948, to March 30, 1948

and that I last saw her alive on March 30, 1948

Immediate cause of death.....

Malignant

Lymphoma

DURATION

3 mo

2 years

Due to.....

Due to.....

Other conditions.....

Chronic Myocarditis

4 years

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Frank C. Smith

M. D. or other

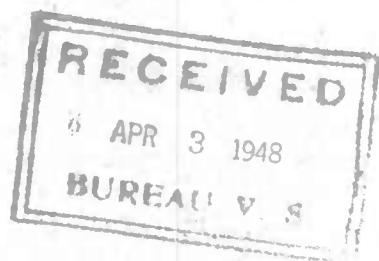
Address.....

Chesapeake

Date signed

April 1, 1948

1947
86
1451



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Tuesday, 16, September

1316 02876

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Chesapeake

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 yrs.

Hospital, institution, or street address where death occurred:

230 Symmes St.

How long in hospital or institution?.....

3. (a) FULL NAME

Walter Driggs

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

Widowed

6. (b) Name of husband or wife.....

(late) Walter Driggs

7. Birth date of deceased (mo., day, yr.)

October 19, 1874

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

11

less than one day

hrs.

min.

9. Birthplace.....

Baltimore, Kent Co., Maryland

(Town, county, and state)

10. Usual occupation.....

Labor

11. Industry or business.....

Farm

MOTHER

FATHER

12. Name.....

Patterson Driggs

13. Birthplace.....

North Carolina

14. Maiden name.....

Clara Hopkins

15. Birthplace.....

Missouri

16. Informant.....

Mr. Virgil Driggs Brother

Address

430 Calvert St. Chesapeake, Md.

17. Burial.....

Date thereof.....

April 1, 1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Forest

Location.....

Driggs Woods, near Still Pond, Md.

18. Funeral director.....

Wm. V. Williamson

Address.....

Chesapeake, Maryland

19. April 1, 1948

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

Chesapeake

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

230

Symmes St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 30

1948, at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28, 1948, to March 30, 1948

and that I last saw him alive on March 28, 1948

Immediate cause of death.....

Corona

DURATION

1 day

Due to.....

Chronic Bright's

2

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

H. Gumpers

M. D. or other

Address.....

Chesapeake

Date signed.

M

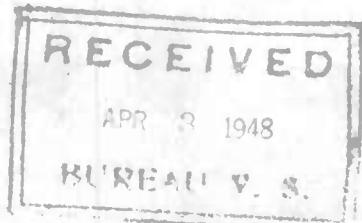
MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

T



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02877

CERTIFICATE OF DEATH

83a
Reg. Diat. No. 203

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 day

Hospital, institution, or street address where death occurred:

Piney Neck

How long in hospital or institution?.....

1 day

3. (a) FULL NAME

Owen T. Elbourne

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m-

w-

widowed

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

April 5 1871

8. AGE:

Years

Months

Days

If less than one day

76

11

3

hrs.

min.

9. Birthplace.....

Kent Co. Md.

(Town, county, and state)

10. Usual occupation.....

waterman

11. Industry or business

self

12. Name.....

David Elbourne

13. Birthplace.....

Kent Co. Md.

14. Maiden name.....

Mary Kildare

15. Birthplace.....

u u

16. Informant.....

Owen Elbourne

Address

Rock Hall Md.

17. Burial.....

Date thereof..... March 11 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Wesley Chapel

Location.....

Rock Hall Md.

18. Funeral director.....

Edgar L. Lane

Address

Blanch Hall 2nd

19. Date rec'd by registrar

1948

S. Elwood Brumley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Kent

City or town..... Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Piney Neck

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 8 1948 at 845 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 7 1948 to March 8 1948

end that I last saw him alive on

5-8 1948

Immediate cause of death.....

Cerebral Hemorrhage
Paralysis left side

Due to.....

Hypertension

Due to.....

Arteriosclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

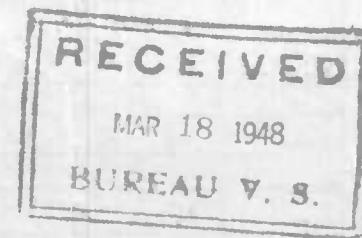
23. SIGNATURE.....

Albert A. Burgeard

M. D. or other

Rock Hall Md. Date signed 3/10/48

Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02878

CERTIFICATE OF DEATH

93e
Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

City or town.....

Kent
Chesapeake

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

4 months

Hospital, institution, or street address where death occurred:

811 High Street

How long in hospital or institution?.....

3. (a) FULL NAME

Charles Henry Geiss

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Mr.

White

Widowed

6. (b) Name of husband or wife

(late) Martha Geiss

7. Birth date of deceased (mo., day, yr.)

February 10 1875

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day

73

1

10

hrs.

min.

9. Birthplace.....

Kent Co. Maryland

(Town, county, and state)

10. Usual occupation.....

Contractor
Painter

11. Industry or business

August Geiss

12. Name.....

Germany

13. Birthplace.....

Alphonsa Rogers

14. Maiden name.....

Kent Co. Maryland

15. Birthplace.....

Mrs. Arthur M. (Geiss)

16. Informant.....

Worthington, Maryland

Address.....

Worthington, Maryland

17. Burial.....

Date thereof..... March 23 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Chesapeake

Location.....

Chesapeake, Maryland

18. Funeral director.....

Marvin V. Williamson

Address.....

Chesapeake, Maryland

19. March 23 1948

(Date rec'd by registrar)

Clara S. Barnes.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Worthington

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

March 20

1948

at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 6 1948 to March 20 1948

and that I last saw h. in alive on

3-20

1948

Immediate cause of death.....

Bronchitis-Pneumonia

Due to..... Proprietary

Due to..... Typhoid fever

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

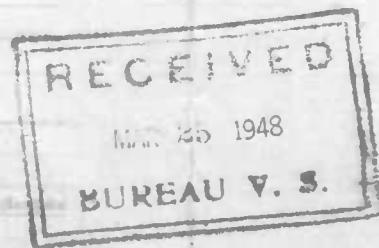
23. SIGNATURE.....

A. Burgard

M. D. or other

Rock Hall, Md. Date signed 3/22/48

Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02879

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Kent
 County: Millington
 City or town: Millington (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs
 Hospital, Institution, or street address where death occurred: _____
 How long in hospital or institution? _____

3. (a) FULL NAME

Florence Henry

4. Sex: Female 5. Color or race: Colouf 6. (a) Single, married, widowed, or divorced: Widowed
 6. (b) Name of husband or wife: _____

7. Birth date of deceased (mo., day, yr.) March 11, 1894 6. (c) If alive, give age: years
 8. AGE: 74 Years 0 Months 0 Days 0 If less than one day: 00 hrs. 00 min.

9. Birthplace: Kent MD (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: James Maysey

12. Name: James Maysey

13. Birthplace: MD

14. Maiden name: Henrietta Parker

15. Birthplace: MD

16. Informant: Elmer Wilson (son)

Address: Millington MD

17. Burial: Burial Date thereof: April 21 1948 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory: Fountain

Location: Longfellow MD

18. Funeral director: Edward Fellow

Address: Millington MD

19. Date rec'd by registrar: April 1 19. 48 Edward Fellow

(Date rec'd by registrar) (Name of registrar) (Signature of registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)

State: MD County: Kent
 City or town: Millington (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war: _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 1948 at 4:22 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 25-1948 to Mar 30 1948 and that I last saw her alive on Mar 28 1948

Immediate cause of death: United valvular disease DURATION

Due to: _____

Due to: _____

Other conditions: Terninal pneumonia

(Include pregnancy within 3 months of death)

Major findings or operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: _____ Date of _____

Accident, suicide, or homicide: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: H H Hamilton M. D. or other _____

Address: Millington MD Date signed: 4/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02880

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Pomona

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

all life

Hospital, Institution, or street address where death occurred:

Chesapeake 15. D. #3

How long in hospital or institution?.....

3. (a) FULL NAME

James Alfred Johnson

4. Sex

Male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife.....

Hal Margaret Johnson

7. Birth date of deceased (mo., day, yr.)

January 14 1877

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

71

1

22

hrs.

min.

9. Birthplace.....

Quaker Mts. Kent Co. Maryland

(Town, county, and state)

10. Usual occupation.....

Painter

11. Industry or business

Private

MOTHER / FATHER

12. Name.....

Alfred Johnson

13. Birthplace

Kent Co. Maryland

14. Maiden name.....

Jannett Lindsay

15. Birthplace

Quaker Mts. Kent Co. Md.

16. Informant.....

Mrs. Walter Thompson

Address

Pomona, Kent Co. Maryland

17. Burial

Pomona

(Burial, cremation, or removal. Which?)

Date thereof.....

3/11/48
(month) (day) (year)

Cemetery or crematory.....

Pomona

Location.....

Pomona, Kent Co. Maryland

18. Funeral director.....

Marvin V. Williams

Address

Chesapeake Maryland

19. March 10, 1948

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

Chesapeake Rd #3

Street No.....

Pomona

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 8 1948 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

any 1948 to March 8 1948

and that I last saw h. m. alive on 3-8-48

1948

Immediate cause of death.....

shock due to heart attack

decompensation

Due to..... hypertension

Paroxysms of left side

Due to..... arteriosclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Albert A. Burgard

M. D. *Daughter*

Address.....

Rock Hall, Md. Date signed 31.9.48

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02881

CERTIFICATE OF DEATH

922
Reg. Dist. No. 201

1. PLACE OF DEATH:

County KentCity or town Colleman Rural Norton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Maria Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

6. (b) Name of husband or wife

William Jones6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.)

Dec 1 1870

8. AGE:

Years

Months

Days

If less than one day

77

10

14

hrs. min.

9. Birthplace

Still Pond Md

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Leisure

MOTHER FATHER

12. Name Estevans McLean13. Birthplace Galloway Md14. Maiden name Rachel Starling15. Birthplace Norton Md Rural Colleman16. Informant Greta JonesAddress R Alden 49 1032 Bedford St17. Burial Date thereof Mar 19 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CollemanLocation Norton Md Rural18. Funeral director B R FellowsAddress Still Pond Md19. Date rec'd by registrar March 19 48

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Colleman Rural Norton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. Norton Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1948 at 4:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Rev 22 1948 to March 15 1948 and that I last saw her alive on 3-14 1948

Immediate cause of death

gangrenous right foot
arteriosclerosis

DURATION

Due to

chronic auto-hemorrhages

Due to

4 peritumors

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Albert A. Burger M. D. or other

Address Rock Hall, Md Date signed 3/17/48

RECEIVED

APR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02882

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

all life

Hospital, Institution, or street address where death occurred:

Chesapeake P. O. #1

How long in hospital or Institution?.....

3. (a) FULL NAME

Margaret Elizabeth Newman

4. Sex

Female

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

September 1, 1947

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day

6. 12

hrs. min.

9. Birthplace.....

Maryland, Kent Co. Maryland

(Town, county, and state)

10. Usual occupation.....

Infant

11. Industry or business.....

MOTHER FATHER

12. Name.....

Howard Raymond Newman

13. Birthplace

Maryland, Kent Co. Md.

14. Maiden name.....

Maddie Sibley

15. Birthplace

Chesapeake, Kent Co. Maryland

16. Informant.....

Maddie Sibley Newman

Address

Maryland, Chesapeake P. O. #1, Maryland

17. Burial

Date thereof.....

3/14/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Maryland

Location

Near - Chesapeake, Kent Co. Md.

18. Funeral director.....

Marvin L. Wallenstein

Address

Chesapeake, Maryland

19. March 14, 1948

(Date rec'd by registrar)

Clara L. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Chesapeake P. O. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Maryland

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

March 13, 1948, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1948, to March 13, 1948

and that I last saw her alive on March 12, 1948

Immediate cause of death.....

Bronchitis - Pneumonia

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

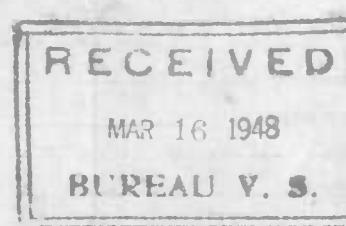
Injured at work?

23. SIGNATURE.....

Old Burgard
Rocky Hill

M. D. or other

Date signed 3/13/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02883

CERTIFICATE OF DEATH

46f
Reg. Dist. No. 200

1. PLACE OF DEATH:

Kent

County

Rural Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lulu M. Passwater

4. Sex

5. Color or race

Female

White

6. (a) Single, married, widowed, or divorced
Widowed

6. (b) Name of husband or wife William E. Passwater

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1874

8. AGE: Years 73 Months Days hrs. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Steven Willcox

13. Birthplace Indiana

14. Maiden name Mary Aronald

Indiana

15. Birthplace

16. Informant Earl Passwater

Address Greensboro MD.

17. Burial Date thereof March 24 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro MD.

18. Funeral director Edward Fellows

Address Millington MD.

19. March 21 1948 Edward Fellows

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Kent

City or town Rural Millington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 21 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 16 1947 to Mar 20 1948

and that I last saw her alive on March 19 1948

Immediate cause of death Cancer of Gall Bladder DURATION

Due to

1

Due to

1

Other conditions

1

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. J. Hamilton
Millington MD.

M. D. or other

Address Date signed

RECEIVED

MAR 26 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02884

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 200

1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 59 yrsHospital, Institution, or street address where death occurred: —How long in hospital or institution? —

3. (a) FULL NAME

Henry Gilbert Ransdorff4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Laura H. Chase7. Birth date of deceased (mo., day, yr.) Aug 24, 18656. (c) If alive, give age 81 years8. AGE: Years 82 Months 6 Days 29 If less than one dayhrs. — min. —9. Birthplace Baltimore, Del

(Town, county, and state)

10. Usual occupation Postman P. P. worker11. Industry or business —12. Name Summer W. Ransdorff13. Birthplace Del14. Maiden name Elizabeth Lutz15. Birthplace Del.16. Informant Wm. F. Chase, R. R. workerAddress Baltimore, Md17. Burial St. Peter's Cemetery

(Burial, cremation, or removal. Which?)

Date thereof March 23, 1948

(month) (day) (year)

Cemetery or crematory St. Peter's CemeteryLocation Smyrna, Del18. Funeral director F. Wells LanzaAddress Smyrna, Del.19. March 29, 1948 Edward Fellows(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Baltimore (If outside city or town limits, write RURAL and give nearest town)Street No. — (If rural, give LOCATION)2.(a) If veteran, name war —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1948 at 10 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1946 to July 20 1948 and that I last saw him alive on July 10 1948Immediate cause of death Coronary OcclusionDue to General Arterial SclerosisDue to Arterial HypertensionOther conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE C. R. Fellows M. D. or other —Address South Carrollton, Md. Date signed 3/20/48

RECEIVED
MAR 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02885

CERTIFICATE OF DEATH

946
Reg. Dist. No. 201

1. PLACE OF DEATH:

County KentCity or town Lynch Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yearsHospital, Institution, or street address where death occurred: —How long in hospital or institution? —

3. (a) FULL NAME

Robert N Rash

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteWidowed6. (b) Name of husband or wife: —

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age _____ years

May 31 1874

8. AGE:

Years

Months

Days

If less than one day

73

7

21

hrs.

min.

9. Birthplace

Baltimore Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Woodwork

FATHER

12. Name John N. Rash

MOTHER

13. Birthplace Maryland14. Maiden name Mary M. Carter15. Birthplace Maryland16. Informant Widored in Burton

17. Burial

Address Cape May Rd Baltimore Md
(Burial, cremation, or removal, Which?) Date thereof Mar 13 1948
(month) (day) (year)

Cemetery or crematory

Still Pond

Location

Still Pond Md

18. Funeral director

B.R. Fellows

Address

Still Pond Md

19. Date rec'd by registrar

Mar 13 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Lynch Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (b) Social Security Number

217-07-2146

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1948 at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 9 1948 to Mar 10 1948and that I last saw him alive on Mar 10 1948 1948

Immediate cause of death

Angina Pectoris

DURATION

1 dayDue to Arterial Sclerosis

6 mo.

Due to: —Other conditions: —

(Include pregnancy within 8 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

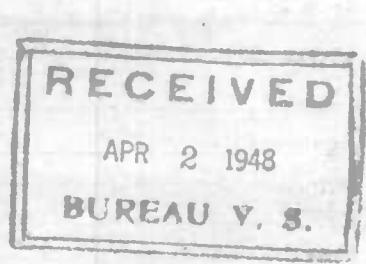
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury —Injured at work? —23. SIGNATURE: L. P. Alwell

M. D. or other

Address Still PondDate signed 3-12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02886

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County.....

City or town.....

State Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

37 years

Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

James A Redding

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife.....

Clara Redding

6. (c) If alive, give age 95 years

7. Birth date of deceased (mo., day, yr.)

age unknown.

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Still Pond md

(Town, county, and state)

10. Usual occupation.....

General work

11. Industry or business

MOTHER

FATHER

12. Name..... Alexander Redding

13. Birthplace..... Kent Co md

14. Maiden name..... Malinda

15. Birthplace..... Kent Co md

16. Informant.....

Address

17. Burial

Date thereof Mar 31 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Still Pond md

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

220-03-5142

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 28 1948 at 1040 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 26 1948 to Mar 28 1948 and that I last saw him alive on Mar 27 1948

Immediate cause of death.....

Coronary thrombosis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

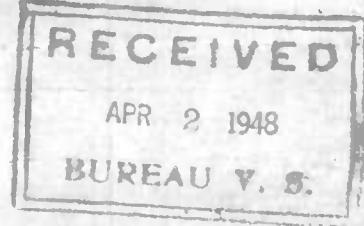
23. SIGNATURE.....

H. Gumpers

M. D. or other

Address..... Chester town

Date signed Mar 31 1948



Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
age and birth date shown on: 2411 N. Charles St., Baltimore

02887

MM. GG 1111 4 APR 66 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH

County

Kent

City or town

Still Pond

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

None

3. (a) FULL NAME

Williams Starling

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

c.

Widowed

6. (b) Name of husband or wife

Rena Starling

7. Birth date of deceased (mo., day, yr.)

Deceased

8. (c) If alive, give age years

1877

8. AGE:

Years

71

Months

0

Days

0

If less than one day

hrs.

0

min.

9. Birthplace

Kent County, Md.

(Town, county, and state)

10. Usual occupation

Labourer

11. Industry or business

MOTHER FATHER

Unknown

13. Birthplace

Kent County, Md.

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Hattie Cole

Address

Still Pond, Md.

17. Burial

Date thereof Mar. 26 '48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mt Zion

Location

Still Pond, Md.

18. Funeral director

B.R. Fellows

Address

Still Pond, Md.

19. Date rec'd by registrar

March 26 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Kent

City or town

Still Pond

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 24 1948 at 12 PM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on

Immediate cause of death

Chronic hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

No

Date of

Where did injury occur

None

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Death

House

MP

Rent to

23. SIGNATURE

Frank Hayes M.D.

M. D. or other

Address

None

Date signed

3/24/48

RECEIVED

APR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02888

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

Kent

Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, institution, or street address where death occurred:

Kent and Queen Anne

How long in hospital or institution?

3 days

3. (a) FULL NAME

Martha Van Dyke Turner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife William H. Turner

7. Birth date of deceased (mo., day, yr.) March 14, 1874

8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
74 0 12 hrs. min.

9. Birthplace Cecilton Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Van Dyke

13. Birthplace Ulke

14. Maiden name Mary Vandergrift

15. Birthplace Ulke

16. Informant Hosp. Records

Address Chestertown, Md.

17. Burial Cemetery or crematory Still Pond Cem.

(Burial, cremation, or removal. Which?)

Date thereof Mar. 29, 1948
(month) (day) (year)

Location Still Pond, Maryland

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. March 26, 1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Kent

City or town

St. Betterton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23, 1948, to March 25, 1948, and that I last saw her alive on March 25, 1948.

Immediate cause of death

Coronary Thrombosis

DURATION

3 days

Due to Coronary artery disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. C. Dick, M.D.

M. D. or other

Address Chestertown, Md. Date signed 3-25-48

RECEIVED
MAR 29 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02889

CERTIFICATE OF DEATH

157e
Reg. Dist. No. 2021

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Walter R. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 days

Hospital, Institution, or street address where death occurred:

Smithville

How long in hospital or institution?.....

3. (a) FULL NAME

Senis A. Atwell

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Sing

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

March 19, 1948

8. AGE:

Years

Months

Days

If less than one day

6

0

2

hrs.

min.

9. Birthplace.....

Walter R. D. #1, Maryland

(Town, county, and state)

10. Usual occupation.....

Infant

11. Industry or business.....

FATHER

12. Name.....

Walter H. Atwell

MOTHER

13. Birthplace.....

Walter R. D. #1, Maryland

14. Maiden name.....

Dorothy L. Poole

15. Birthplace.....

Balltimore, Maryland

16. Informant.....

Mrs. Walter H. Atwell

Address.....

Walter R. D. #1, Maryland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof.....

3/22/48
(month) (day) (year)

Cemetery or crematory.....

Union Cemetery

Location.....

Cheverly, Maryland

18. Funeral director.....

Maurice V. Williams

Address.....

Cheverly, Maryland

19. (Date rec'd by registrar)

March 23, 1948

(Date rec'd by registrar)

John S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

Smithville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Walter R. D. #1

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

March 21

1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19, 1948, to Mar 20, 1948

and that I last saw him alive on Mar 20, 1948

1948

Immediate cause of death.....

Dilatation of Heart.
when born

DURATIN

2 days.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

L. P. Atwell

M. D. or other

Address.....

Steel Pond

Date signed.....

3/21/48

1001 81

MUSIANS

RECEIVED
MAR 24 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02890

Reg. Dist. No. 202

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Kent
County.....
Chestertown
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

life

Hospital, institution, or street address where death occurred:

Water St.

How long in hospital or institution?.....

3. (a) FULL NAME

Jennie Brice Whaland

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Charles W. Whaland M.D.7. Birth date of deceased (mo., day, yr.) Dec. 3, 1861 6.(c) If alive, give age years8. AGE: 86 Years 3 Months 7 Days If less than one day hrs. min.9. Birthplace Kent. Co. Maryland (Town, county, and state)10. Usual occupation housewife11. Industry or business Home12. Name John Brice13. Birthplace Kent Co. Maryland14. Maiden name Annie Ford15. Birthplace Kent Co. Maryland16. Informant Mrs. Mary Whaland (Nicholson)Address Chestertown, Md.17. Burial Mar. 14, 1948(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Paul CemeteryLocation near - Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. March 12, 1948 Clara S. Barnes.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Kent

State..... County.....

Chestertown Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1948 19 3.15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1947 19 March 10, 1948 19and that I last saw her alive on March 10, 1948 19

Immediate cause of death.....

Diabetic Coma

Diabetes

Due to

Myocarditis

Arterio Sclerosis

Due to

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

None

Date of op.

Autopsy results.....

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date ofWhere did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work J. Willis Wells

23. SIGNATURE

Clara S. Barnes

M. D. or other

3.11.48

Address..... Date signed.....

